

Name In Full


Certificate of Death

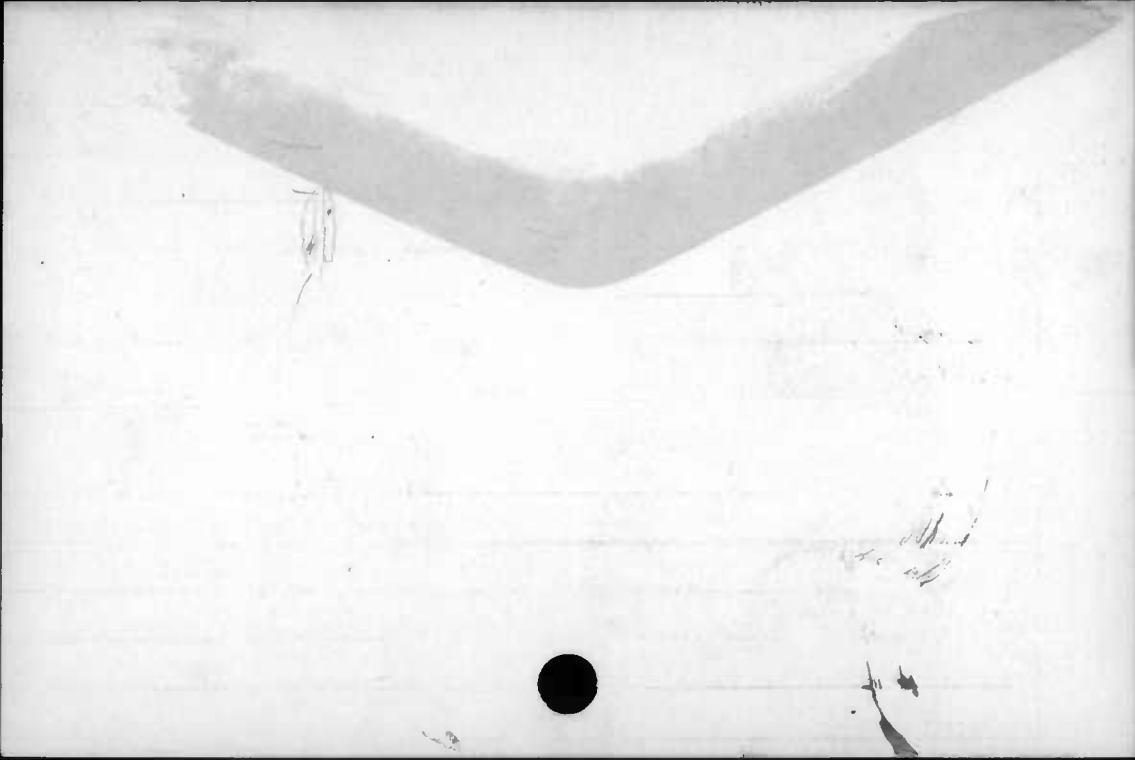
Infant son Everts
 Town Shields Run, Garrett County
 Died at
 Date 1908 May 30th Age 2 hours Native of Md.
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living
 Husband of
 Wife
 Father's Name Freeman Everts Mother's Maiden Name Minnie Kitzmiller
 Cause of Death Primary Immediate Don't know
 How long sick
 Accident, Suicide, Homicide
 Reported by J. W. Abernathy (over)
 Address Wilson W. Va. Minister

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Father's birth place - Garrett Co. Md.

Mother's birth place - Garrett Co. Md.

Name in Full		Freeland				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Dines		County Garrett		MARYLAND
	Date of death		1908	Month May	Day 26	Age	Years Months Days 21
	Sex		Male		Color or Race White		Birth-place Ind
	Occupation		Where Residing if not at place of death				
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		Hester Freeland		Father's Birthplace		Ind
	Mother's Maiden Name		Fannie Hewitt		Mother's Birthplace		Ind
Name of person giving information		Robt Frees		How related to deceased		None	
<div>CAUSES OF DEATH</div> <div>150</div>							
PHYSICIAN OR CORONER	Primary		abnormally dead				How long
	Immediate						How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		
	Accident or Suicide?						



Name
in
Full

Not named.

Hoover
Garrett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

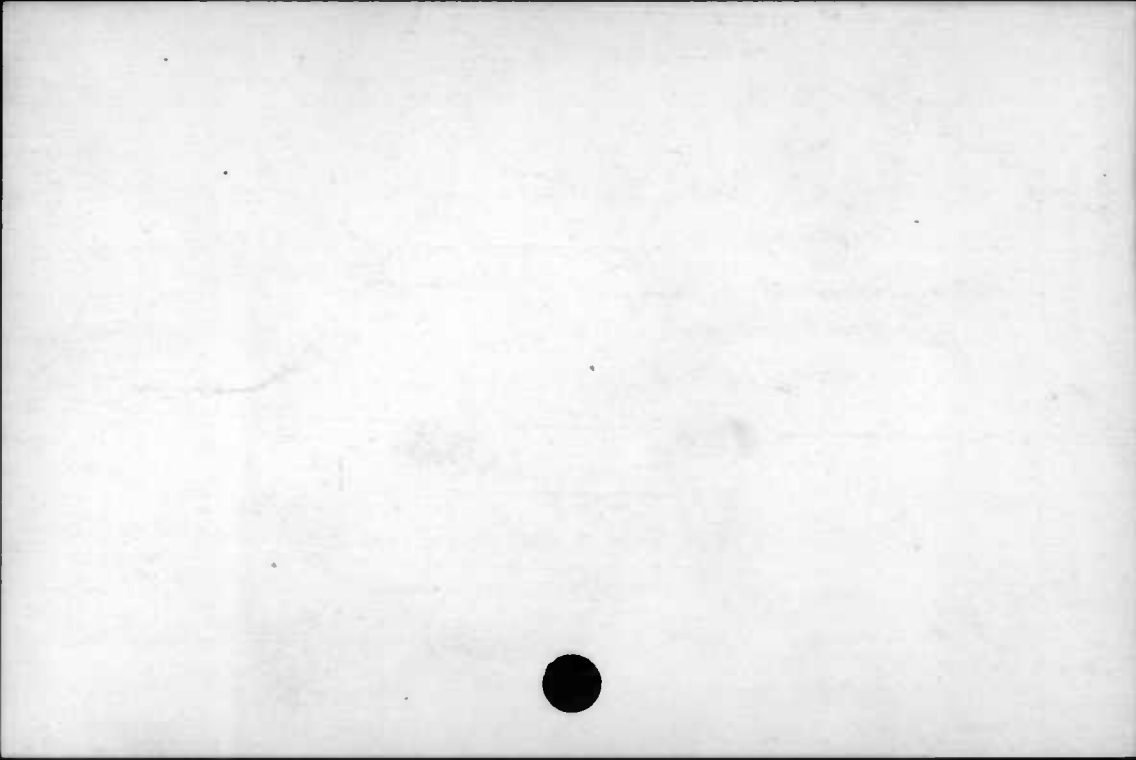
Died at		Town		County			
Date of death	190	Month	May	Day	1	Age	Years 1
Sex		Female		Color or Race		White	
Occupation		Infant		Where Residing if not at place of death		Jimmie's Mt.	
Married, Single or Widowed		Infant		Name of Wife or Husband		Jimmie's	
Father's Name		Norman Hoover		Father's Birthplace		Jimmie's	
Mother's Maiden Name		M Catharine Myers		Mother's Birthplace		Jimmie's	
Name of person giving information		Zinn Stuart		How related to deceased		Jimmie's	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Inflammation Throat & Colon		How long	2 weeks
Immediate	Cholera Infantum			2 days
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	H. T. Robinson
			Address	Grantsville Md.
Accident or Suicide?	no			



Name
in
Full

Elisabeth Kolb

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cove</i>		Town		County <i>Garrett</i>		MARYLAND	
Date of death	<i>1906</i>	Month	<i>May</i>	Day	<i>15</i>	Age	<i>74</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>		Months	<i>10</i>
Occupation <i>House wife</i>		Where Residing if not at place of death				Years	<i>17</i>
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Henry Kolb</i>					
Father's Name <i>John Seimlein</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Anna Musser</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>George Kolb</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>3 wks</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. J. Mason MD</i>
	Address <i>Frederick Ind.</i>
Accident or Suicide? <i>no</i>	

Cove Semetary

Name in Full		Two Infants Lewis				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near Hoyer</i> <small>Town</small>			<i>Barrett</i> <small>County</small>		MARYLAND	
	Date of death <i>1906</i> <small>Month</small>		<i>may</i> <small>Day</small>	<i>26</i> <small>Age</small>	<i>—</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>3</i> <small>Days</small>
	Sex <i>1 male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
	Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>		
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>				
	Father's Name <i>Wm Lewis</i>		Father's Birthplace <i>Md.</i>				
PHYSICIAN OR CORONER	Mother's Maiden Name <i>Alarence Lewis</i>		Mother's Birthplace <i>Md.</i>				
	Name of person giving information <i>N. H. Castel</i>		How related to deceased <i>No</i>				
	<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>						
	Primary <i>don't know no doctor in attendance</i>		<div style="border: 1px solid black; border-radius: 50%; width: 50px; height: 50px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">179</div>				
Immediate <i>attendance</i>		How long <i>—</i>					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>[Signature]</i>					
		Address <i>Local Board Health</i>					
Accident or Suicide?							

Seabald, Cemetery

Name
in
Full

Two infants Lewis

CERTIFICATE OF DEATH

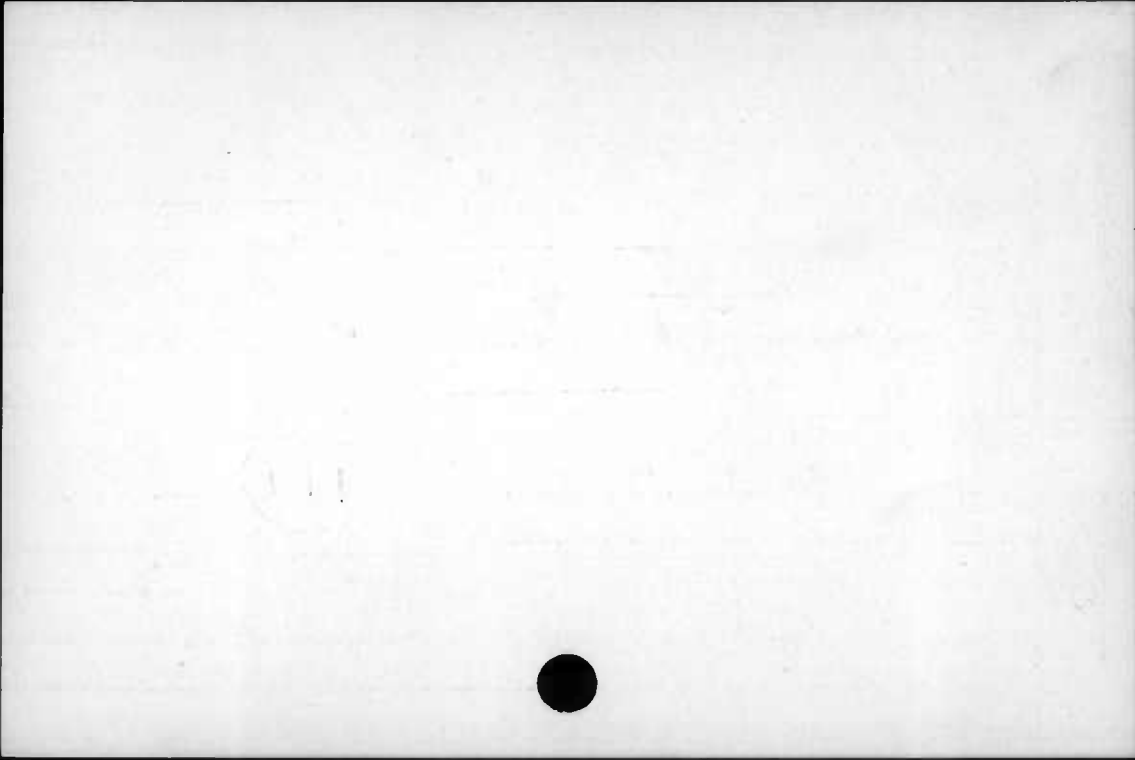
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Hyles		^{County} Garrett		MARYLAND	
Date of death	1908	Month	May	Day	26
Age		Years		Months	Days
Sex		Female		Color or Race	White
Occupation				Birth-place	Maryland
Married, Single or Widowed			Single		
Name of Wife or Husband					
Father's Name			Wm. Lewis		
Mother's Maiden Name			Florence Lewis		
Name of person giving information			H. H. Castell		
Father's Birthplace			Ind.		
Mother's Birthplace			"		
How related to deceased			Not at all		

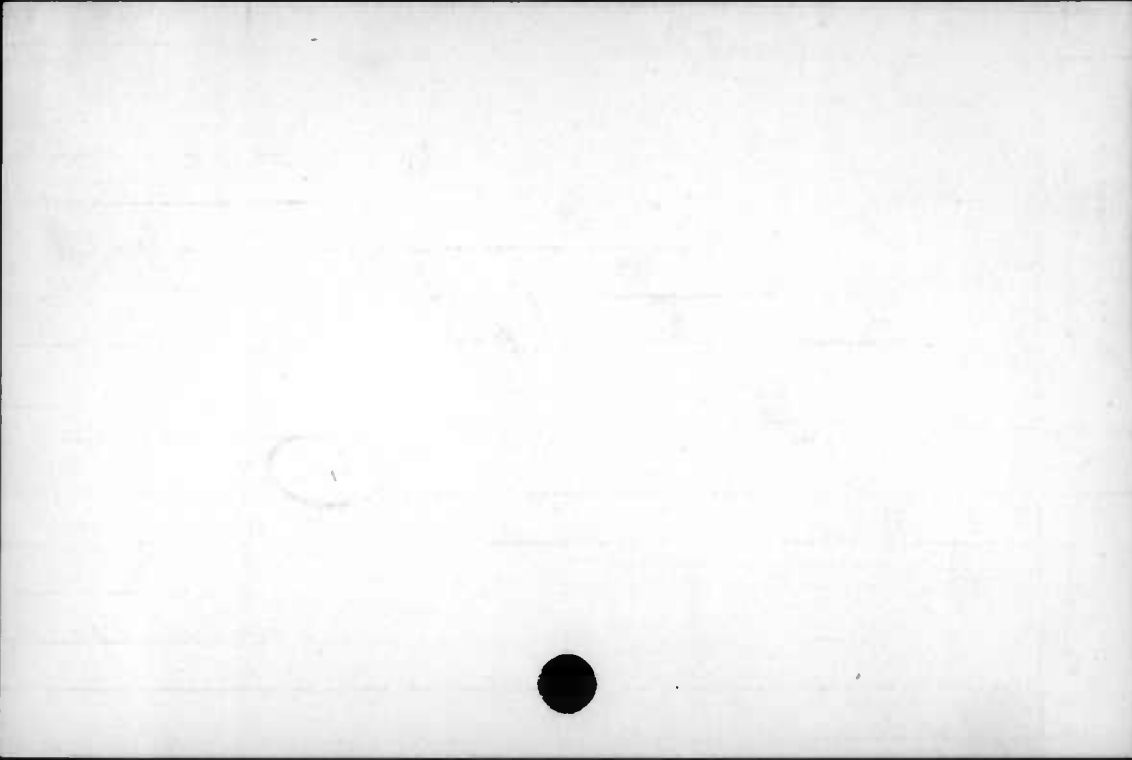
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Don't know, no doctor	How long	179
Immediate	in attendance	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Copied from death certificate of other twins		Wm. H. H. Freund	
Accident or Suicide?		Address	
		Local Board Health	



Name in Full		Mrs Lucinda Sines				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Sines</u> Town		<u>Isaacs</u> County		MARYLAND			
	Date of death	<u>1908</u>	Month	<u>May</u>	Day	<u>15</u>	Age	<u>74</u> Years
					Months	<u>11</u>	Days	
	Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Md</u>		
	Occupation	<u>Her</u>		Where Residing if not at place of death <input checked="" type="checkbox"/>				
	Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>John George Sines</u>				
	Father's Name	<u>Samuel Wilhelm</u>				Father's Birthplace	<u>But know</u>	
Mother's Maiden Name	<u>Susanne Sines</u>				Mother's Birthplace	<u>Virginia</u>		
Name of person giving information	<u>Samuel Sines</u>				How related to deceased	<u>Cousin</u>		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	<u>Gastric Carcinoma</u>				How long	<u>One year</u>	
	Immediate	<u>Esophageal</u>				How long		
	Are the name, age, sex, color, date and place correctly given above?		<u>Yes</u>		Signature of Physician <u>M. C. Hinebaugh</u>			
					Address <u>De Land</u>			
	Accident or Suicide?				<u>Md</u>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Accident</i> ^{Town}		<i>Gomert</i> ^{County}		MARYLAND								
Date of death	1905	Month	May	Day	4	Age	65	Years	7	Months	6	Days
Sex	male	Color or Race	white	Birth-place	W.D.C.							
Occupation	Farmer			Where Residing if not at place of death			Accident Md					
Married, Single or Widowed	married			Name of Wife or Husband			Sarah Skiles					
Father's Name	John Skiles			Father's Birthplace			Don't know					
Mother's Maiden Name	Don't know			Mother's Birthplace			Don't know					
Name of person giving information	Lloyd Skiles			How related to deceased			son					

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Complication of diseases</i>		How long	<i>5 mo.</i>
Immediate	<i>Heart Failure</i>		How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	<i>H. R. Beyer, MD</i>
			Address	<i>Accident Md</i>
Accident or Suicide?				

Home cemetery

Name
in
Full

Alfred Yeast

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		May	15	Unknown			
Sex	male	Color or Race	white	Birth-place	Garrett Co.		
Occupation	Farmer			Where Residing if not at place of death	Jennings Md		
Married, Single or Widowed	married			Name of Wife or Husband	Mary Yeast		
Father's Name	William P. Yeast			Father's Birthplace	Garrett Co.		
Mother's Maiden Name	do not know			Mother's Birthplace	Garrett Co.		
Name of person giving information	Christ Yeast			How related to deceased	None		

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	Gen. Debility	How long	One Year.
Immediate	Paralysis	How long	3 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	H. T. Robinson Md
		Address	Grantonville Md
Accident or Suicide?	no		

